

CONFIDENTIAL

FORM NO. 1.—PETITION FOR OPERATION OF STERILIZATION OR ASEXUALIZATION.

REVISED MAY 1961

NORTH CAROLINA

----- COUNTY

IN RE: STERILIZATION OR
ASEXUALIZATION OF

BEFORE THE

EUGENICS BOARD OF NORTH CAROLINA

PETITION FOR OPERATION OF
STERILIZATION OR ASEXUALIZATION

TO THE EUGENICS BOARD OF NORTH CAROLINA: GREETINGS—

YOUR PETITIONER, -----, Director of Public Welfare
of ----- County, or -----, Superintendent of

-----, having made a full
(Name of Institution) (Address)

study of the case of -----, hereinafter designated as
the patient, who resides at -----

AND WHEREAS, It appears to your Petitioner that (1) it is for the best interest of the mental, moral, and physical improvement of the patient that he (she) undergo an operation for sterilization or asexualization; (2) that it is for the public good that such patient undergo such operation; or (3) that said patient would be likely to procreate a child or children who would have a tendency to serious physical, mental, or nervous disease or deficiency;

NOW THEREFORE, Your Petitioner prays that an order be entered by the Eugenics Board of North Carolina requiring your Petitioner to perform, or to have performed by some competent physician or surgeon as may be designated by the Board in such order, upon -----, the patient named in this Petition, one of the operations specified in Section 36, Chapter 35, of the General Statutes of North Carolina, which in the discretion of the Board, shall be best suited to the interests of said patient or to the public good.

Signed ----- Petitioner.
Director of Public Welfare or Sup't of Institution

This ----- day of -----, 19-----

VERIFICATION

NORTH CAROLINA

----- COUNTY

-----, the Petitioner herein, being duly sworn, says that the foregoing and the following statements made in this Petition are true to his (her) own knowledge, except as to those matters stated upon information and belief, and as to those, he (she) believes it to be true.

Signed ----- Petitioner.

Sworn to before me, this ----- day of -----, 19-----

(N. P., J. P., or Clerk of Superior Court)

(Seal) My commission expires -----